

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO. 9/172263 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

CLAIMS	AS FILED						AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1	1									51					
2	1										52					
3	2										53					
4	0										54					
5	1										55					
6	0										56					
7	0										57					
8	0										58					
9	1										59					
10	1										60					
11	1										61					
12	1										62					
13	1										63					
14	1										64					
15	1										65					
16	1										66					
17	1										67					
18	1										68					
19	1										69					
20	1										70					
21	1										71					
22	1										72					
23	1										73					
24	1										74					
25	1										75					
26	1										76					
27	1										77					
28	1										78					
29	1										79					
30	1										80					
31	1										81					
32	1										82					
33	1										83					
34	1										84					
35	1										85					
36	1										86					
37	1										87					
38	1										88					
39	1										89					
40	1										90					
41	1										91					
42	1										92					
43	1										93					
44	1										94					
45	1										95					
46	1										96					
47	1										97					
48	1										98					
49	1										99					
50	1										100					
TOTAL IND.	16										TOTAL IND.					
TOTAL DEP.	23										TOTAL DEP.					
TOTAL CLAIMS	39										TOTAL CLAIMS					

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS